

SOBERING NEWS: Danielle Gulick, Ph.D., completed a study just before arriving at DMS as a postdoctoral fellow, showing in mice that—contrary to conventional wisdom—caffeine does not mitigate the cognitive deficits caused by alcohol consumption.



THEN & NOW

A reminder of the pace of change, and of timeless truths, from a 1961 publication titled *Medical Education and Dartmouth*:

“In June of 1959, construction was started on . . . a seven-story Medical Science Building. . . . Designed by Shepley, Bulfinch, Richardson and Abbott, the structure provides a separate floor for each of the School’s departments . . . anatomy, biochemistry, microbiology, pathology, pharmacology, and physiology.”



1974

Year the Medical Science Building was renamed the Remsen Building

1991

Year Dartmouth-Hitchcock Medical Center moved into a new facility in Lebanon, N.H., designed by Shepley, Bulfinch, Richardson and Abbott

New surgery chair is a transplant from Tufts

Midway through medical school in the early 1980s, Richard Freeman, Jr., reached a fork in his career path that the narrator of Robert Frost’s “The Road Not Taken” would have appreciated. “By third year, you have to decide,” Freeman recalls. “Medicine or surgery.”

Or so he thought, before finding a way to do both. “With transplantation, there’s a lot of surgery and a lot of medicine,” Freeman says. “That really appealed to me.”

Choice: That choice led the now-renowned transplant surgeon down a road that brought him, almost three decades later, to Dartmouth, where he became chair of the Department of Surgery on January 4. He succeeded Richard Dow, M.D., chair of surgery from 1996 to 2008, and Lawrence Dacey, M.D., who served as interim chair through the end of 2009.

After Freeman decided to go into transplantation, he spent seven years training at Harvard’s New England Deaconess Hospital in Boston, including a year as chief resident. “I liked the collaborative, team approach” that transplants require, Freeman says. “It’s a team sport, for sure. And so much is involved: molecular biology, ethics, international politics, states’ rights versus federalism. . . . As a [medical] student, I didn’t appreciate all that stuff. The field has advanced dramatically. The field was in its infancy. Now it’s a really mature field.”

Freeman watched, and aided,

the field’s maturation during nearly two decades on the faculty at Tufts. From 1990 to 2009, he was a staff surgeon there—contributing to a redesign of the curriculum, leading surgical education, and, most recently, serving as vice chair of the surgery department and directing the Surgical Research Laboratories. He also directed the transplant fellowship program at Tufts Medical Center and conducted research in areas ranging from genetic differences in the immune response to policies on allocating donor organs.

CVs: At Dartmouth, Freeman will oversee a department that offers training and treatment in 11 surgical specialties. “I reviewed everyone’s CVs,” he says. “I was very impressed by the fact that there are some extremely accomplished people—a lot of

them, across the board,” Freeman recalls. “One of my tasks is to stimulate them to grow their careers, become experts.”

Alert: And, he adds, to alert the world to that expertise. “My goal is going to be to raise the academic level a bit, promote mid-level and junior people,” Freeman says. “Everybody knows about Dartmouth’s undergrad school, and the medical school in New England has a very good reputation. I want to help make the Hospital and the Medical School really be noticed nationally and internationally.”

Dartmouth caught his eye for a variety of reasons. “There’s a lot of attractions,” Freeman says. “There’s a potential to have a really integrated health system. The Clinic, the Hospital, the Medical Center are [well] put together and aligned.” He also looks forward to using allied hospitals in southern New Hampshire as “educational venues. It will be important for all the [department] chairs to integrate with these other teaching sites.”

He expects the imminent completion of a 41,000-square-foot outpatient surgery center to help improve efficiency, convenience, and safety for patients—all important goals in an era of change in health-care.

Efficient: “The growth area here,” Freeman says, “is going to be figuring out how to be more efficient. The development of the outpatient center is one step of many that need to happen to be more efficient.”

DAVID CORRIVEAU



JON GILBERT FOX

Freeman was surgery vice chair at Tufts.